

PATENT APPLICATION FEE DETERMINATION RECORD  
Effective October 1, 2003

Application or Docket Number

10695385

CLAIMS AS FILED - PART I

(Column 1) (Column 2)

|                                  |               |                          |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS                     | 24            |                          |
| FOR                              | NUMBER FILED  | NUMBER EXTRA             |
| TOTAL CHARGEABLE CLAIMS          | 24 minus 20 = | 4                        |
| INDEPENDENT CLAIMS               | 6 minus 3 =   | 3                        |
| MULTIPLE DEPENDENT CLAIM PRESENT |               | <input type="checkbox"/> |

\* If the difference in column 1 is less than zero, enter "0" in column 2

SMALL ENTITY  
TYPE

OTHER THAN  
OR SMALL ENTITY

| RATE      | FEES   | RATE         | FEES   |
|-----------|--------|--------------|--------|
| BASIC FEE | 385.00 | OR BASIC FEE | 770.00 |
| X\$ 9=    |        | OR X\$18=    | 72     |
| X43=      |        | OR X86=      | 258    |
| +145=     |        | OR +290=     |        |
| TOTAL     |        | OR TOTAL     | 100    |

OTHER THAN  
SMALL ENTITY OR SMALL ENTITY

| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
|------------------|----------------|---------------------|----------------|
| X\$ 9=           |                | OR X\$18=           |                |
| X43=             |                | OR X86=             |                |
| +145=            |                | OR +290=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

CLAIMS AS AMENDED - PART II

(Column 1) (Column 2) (Column 3)

| AMENDMENT A                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |            |            |
|--|---|--------------------------|---|------------------|------------|------------|
|  |   |                          |   |                  | (Column 1) | (Column 2) |
| Total  | 24  | Minus                    | 6   | =                |            |            |
| Independent                                    | 6   | Minus                    | 3   | =                |            |            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   | <input type="checkbox"/> |   |                  |            |            |

| AMENDMENT B                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |            |            |
|--|---|--------------------------|---|------------------|------------|------------|
|  |   |                          |   |                  | (Column 1) | (Column 2) |
| Total  | 21  | Minus                    | 24  | = -              |            |            |
| Independent                                    | 10  | Minus                    | 6   | =                |            |            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   | <input type="checkbox"/> |   |                  |            |            |

| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
|------------------|----------------|---------------------|----------------|
| X\$ 9=           |                | OR X\$18=           |                |
| X43=             |                | OR X86=             |                |
| +145=            |                | OR +290=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

| AMENDMENT C                                    | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                          | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA |            |            |
|--|---|--------------------------|---|------------------|------------|------------|
|  |   |                          |   |                  | (Column 1) | (Column 2) |
| Total  | *   | Minus                    | **  | =                |            |            |
| Independent                                    | *   | Minus                    | ***   | =                |            |            |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   | <input type="checkbox"/> |   |                  |            |            |

| RATE             | ADDITIONAL FEE | RATE                | ADDITIONAL FEE |
|------------------|----------------|---------------------|----------------|
| X\$ 9=           |                | OR X\$18=           |                |
| X43=             |                | OR X86=             |                |
| +145=            |                | OR +290=            |                |
| TOTAL ADDIT. FEE |                | OR TOTAL ADDIT. FEE |                |

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

BEST AVAILABLE COPY